

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043645

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274Primary Registration District No. 3052Registrar's No. 429

FILED DEC 7 1962

1. PLACE OF DEATH

a. COUNTY

Pettisb. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN Sedalia

Length of stay in lb

8 daysc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missourib. COUNTY Morgan

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN Stoverd. STREET ADDRESS (if outside, give location)
Hiawatha Beach

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CharlesARTHUR CRUTEHFIELD4. DATE
OF DEATH

Month

Day

Year

December 5 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb. 14, 1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pipeline

10b. KIND OF BUSINESS OR INDUSTRY

Ill. Pipeline Co.

11. BIRTHPLACE (City and state or country)

Bridgeport Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

SARAH CRUTEHFIELD15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

SARAH CRUTEHFIELD Stover, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary ParalysisINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebral AnoxiaHours

DUE TO (c)

Cerebral Hemorrhage8 daysPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Cerebral & Visceral ArteriosclerosisPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 26 1962 to Dec 5, 1962 and last saw her alive on Dec 4, 1962
Death occurred at 6:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Do not print title)

Howard H. Hoffa P.O.

22b. ADDRESS

Stover, Mo

22c. DATE SIGNED

Dec 5, 196223a. BURIAL, CREMATION,
REMOVAL (Specify)BURIAL

23b. DATE

Dec. 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

Bridgeport Cemetery

23d. LOCATION (City, town, or county)

Bridgeport Illinois

(State)

24. FUNERAL DIRECTOR

Hammer, Nichols Bridgeport, Ill.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Dec. 5, 1962

26. REGISTRAR'S SIGNATURE

Francis Shelby per
H. Anderson

(Licensed Embalmer's Statement-on-Reverse Side)

USE BLACK-INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59128082910

3

4

5

6

7

8

9331X

10

11

121-2131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jane R. Scrimin

Licensed Embalmer No. 4880

P. O. Address Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.